



## Benjamin Shaw

New Client Intake - Naturopathy

**Date of birth** 14 Feb 1990

**Practitioner** Maddi Brown

**Appointment** 11 Aug 2023, 4:30PM

**Completed** 10 Aug 2023, 5:40PM

### Client Details

**Address** 18 Highgate Lane, Robina, Qld,4226

**Date of Birth** 14 Feb 1990

**Occupation** Cabinetmaker

### Next of Kin

**Name** Naomi Zee-Mckillop

**Relationship** Fiance

**Phone Number** 0431707166

### Referral Information

**Referred by**

- Family/friend
- Advertisement
- Walk/drive by
- Social media
- Practitioner
- Other

### Health History

**Have you seen a naturopath before?**

- Yes
- No

**What is your main presenting condition/concern today?** Thyroid and extreem fatigue

**Do you have any children? If yes how many and ages** 1 on the way

Are you trying to conceive?  Yes  
 No

Do you have any known allergies Grass, mold, dust mites

Are you a smoker and/or vaper?  Yes  
 No  
 Former

List any recent or previous surgeries or procedures you have had done thyroid aspiration, turbinates cut and burnt

Any significant past or current medical diagnosis? thyroid condition

How frequently have you taken antibiotics  Regular - more frequently than monthly  
 Monthly  
 2-3 times per year  
 Once per year  
 Rarely

Are you on hormonal contraceptive?  Yes  
 No  
 N/A

What have you used for contraception? (select all that apply)  Oral contraceptive (the pill)  
 Mini pill (progesterone only)  
 IUD  
 Implanon  
 Surgical  
 Withdrawal  
 Temperature tracking  
 N/A  
 Other

Do you (or have you recently) suffer/ed from any of the following?  Dizziness, vertigo, light headedness  
 High stress levels  
 Insomnia, Restless Legs  
 Anxiety and/or depression  
 ADHD (diagnosed or assumed)  
 Recurrent fatigue  
 Thrush, candida, recurrent UTIs  
 High blood pressure, poor circulation, high cholesterol  
 Other known heart conditions  
 Headaches, migraines  
 Regular sinus infections, allergies  
 Acne, psoriasis, eczema  
 Regular gut symptoms: bloating, gas, diarrhoea, constipation, heart burn, nausea  
 Viral infections (HSV, EBV, CMV, HPV or other)  
 Nerve pain (shingles, fibromyalgia etc)  
 Sore muscles or cramping  
 Tingling or numbness  
 Panic attacks  
 Difficulty breathing  
 Covid  
 Diabetes or Pre-diabetes  
 Endometriosis, adenomyosis,

- Amenorrhea, dysmenorrhea, irregular periods
- Infertility concerns, recurrent miscarriage
- Other musculoskeletal conditions

## Medication and Supplements

**What medication (including dose and frequency) are you currently taking?**

nasal spray and cbd oil

**What supplements are you currently taking (including brand, dose and frequency)**

pre workout, creatine, protein powder + vitamin c, vitamin d, vitamin b complex, iron, fish oil, magnesium

**Are you interested in hearing about functional testing options?**

yes

**Do you have a budget in mind for your treatment today?**

no

**How motivated are you to make positive change and meet your health goals?**

- Very motivated - I'm all in!
- I want to change but I feel nervous/unsure of what to do
- I'm somewhat motivated, if it feels right for me
- I don't think I'm ready to change but I'd like to hear my options
- Not motivated

## Declaration

I, the undersigned understand that:

- The practitioner will ask a series of questions during the consultation to determine treatment plan suitability and likely causation of presenting complaints.
- I may choose to terminate the consultation at any time, but may be required to pay in full for the consult according to the Clinic Cancellation Policy.
- My health records are confidential and will be used for research and treatment purposes only. Under no circumstances will my file leave the server of The Well Collective Studio.
- It may be necessary from time to time for my case to be discussed with other health professionals (e.g. general practitioners, medical specialists, and/or complementary medical practitioners) and provide my consent for part/all of my medical case notes to be released for these purposes only.

On signing, I accept and agree to the Clinic Cancellation Policy and Clinic Refund and Return Policy.

**Signature**

